

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029976

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7139

STATE FILE NUMBER

FILED JUL 19 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis, Mo.

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Ill.

b. COUNTY

Christian

c. CITY  
OR  
TOWN

Taylorville

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Firmin Desloge Hospital

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

700 E. Oak

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Eva

Middle

Last

Green

4. DATE  
OF  
DEATH

Month

Day

Year

July 8, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

12/20/1908

## 9. AGE (last birthday)

54

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) COR PULMONALE

INTERVAL BETWEEN  
ONSET AND DEATH

1 YR.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) EMPHYSEMA OBSTRUCTIVE

6 YRS

DUE TO (c) BOECK'S SARCOID

6 YRS +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

138.0

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from APR. 1958 to JULY 8, 1963 and last saw her alive on JULY 7, 1963  
Death occurred at 8:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hubert Sweet MD

## 22b. ADDRESS

634 N. GRAND

## 22c. DATE SIGNED

JUL 8 1963

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

7-11-63

## 23c. NAME OF CEMETERY OR CREMATORY

Oakhill Cemetery

## 23d. LOCATION (City, town, or county)

Taylorville, Ill.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Seidel Funeral Home, 327 N. Clay

## 25. DATE FILED BY LOCAL REG.

JUL 9 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Deid

Licensed Embalmer No. 6809

P. O. Address 327 N. Clay

Dayton, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.